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Carried Control of the Control of th	Application Number	10/039,313		
TRANSMITTAL	Filing Date	October 27, 2001		
FORM	First Named Inventor	Shariff et al.		
	Art Unit	3724		
(to be used for all correspondence after initial filing)	Examiner Name	Ashley		
Total Number of Pages in This Submission 15	Attorney Docket Number	006593-1953		
ENCLOSURES (Check all that apply)				
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC		
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences		
After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts (inc)	Commissioner is herel	Status Letter Other Enclosure(s) (please Identify below): Return Postcard oy authorized to charge any additional fees extension of time), or to credit any overpaying the state of the control of time of time of the control of time of		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Thompson Hine LLP P.O. Box 8801, Dayton, OH 45401-8801				
Signature 5/10/06				
Printed name Steven J. Elleman				
Date	R	eg. No. 41,733		
CERTIFICATE OF TRANSMISSION/MAILING				
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Signature State				
Typed or printed name Steven J. Elleman Date S//0/06				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/\$B/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE MAY 1 2 2006 Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number TATE TRADEN Complete if Known oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/039.313 **Application Number** Filing Date October 27, 2001 For FY 2006 First Named Inventor Shariff et al. **Examiner Name** Ashley Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3724 TOTAL AMOUNT OF PAYMENT 700.00 Attorney Docket No. 006593-1953 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims : 360 180 Total Claims 2 Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** 27 - 26 or HP = 6 50 300 Fee (\$) Fee Paid (\$) X HP = highest number of total claims paid for, if greater than 20. Indep. Claims 2 **Extra Claims** Fee (\$) Fee Paid (\$) 4 -200 HP = ___2__ 200 400 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee Paid (\$) _ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

SUBMITTED BY			
Signature	8 m	Registration No. (Attorney/Agent) 41,733	Telephone 937.443.6838
Name (Print/Type)	Steven J. Elleman		Date 5/10/06

Non-English Specification, \$130 fee (no small entity discount)

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41,/33 Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Application No. : 10/039,313

10/039,313 006593-1953

Docket No. Applicant

: Shariff et al.

Filed

: October 27, 2001

Title

: FEED GRIP FOR A FOOD SLICER

Art Unit

: 3724

Examiner

: Ashley

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office action mailed February 24, 2006, please amend this application as follows:

05/15/2006 SHASSEN1 00000068 10039313

01 FC:1202 02 FC:1201 300.00 OP 400.00 OP